# 510(k) Summary

K992282

# 1.0 Date Prepared

July 6, 1999

# 2.0 Submitter (Contact)

Martin D. Sargent

**Xomed Surgical Products** 

Jacksonville, FL

(904) 279-7586

# 3.0 Device Name

Proprietary Name:

Micro-France liposuction cannulas

Common Name:

Liposuction cannulas

Classification Name:

Suction lipoplasty accessories

#### 5.0 Device Classification

Suction lipoplasty accessories:

Procode MUU

Class II

21 CFR 878.5040

# 6.0 Device Description

Micro-France liposuction cannulas consist of a hollow stainless steel tube with one or more distal openings and a handle with a suction line connector.

# 7.0 Intended Use

Liposuction cannulas are indicated for aesthetic body contouring and general tissue aspiration.

# 8.0 Substantial Equivalence

The Micro-France liposuction cannulas are substantially equivalent to devices marketed by Byron Medical (K981172) and Wells Johnson Co. (K832520) in their intended use, materials, and overall design.



SEP 23 1999

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Martin D. Sargent Senior Regulatory Affairs Specialist Xomed, Inc. 6743 Southpoint Drive North Jacksonville, Florida 32216

Re: K992282

Trade Name: Micro-France Liposuction Cannulas

Regulatory Class: II Product Code: MUU Dated: July 6, 1999 Received: July 7, 1999

# Dear Mr. Sargent:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

-Celia M. Witten, Ph.D., M.D.

Director

Division of General and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

510(k) Number (if known): <u> </u>
Device Name: Micro-France Ciposuchua Cannolas
Indications for Use:
Liposuction cannulas are indicated for aesthetic body contouring and general tissue aspiration.
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(Division Sign-Off) Division of General Restorative Devices 1/92282
510(k) Number
Description VI.
Prescription Use Or Over-the-Counter Use
(Per 21 CFR 801.109)
(Ontional Format 1-2-96)